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Jointness Across Navy Medicine

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(NO COMMENTS)

By Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery



Jointness is paramount as we move toward a more collaborative and plugged-in world across the Military Health System. By partnering with our sister services and other federal health care institutions, non-governmental organizations, the private sector and our academic partners, we are becoming stronger. We're building a better team together using the synergy of each of our strengths. This jointness is also pivotal to value and readiness in the care we provide and the way we execute our mission.

Whether you are a Navy researcher attached to one of our Navy Medical Research Units around the

world; a corpsman in school at the [Medical Education and Training Campus at Fort Sam Houston](#) or an orthopedic surgeon at [Walter Reed National Military Medical Center](#); your job influences all Services. I would like to focus this month on the many partnerships across the enterprise in such areas such as research and development, medical education, resource sharing, and clinical informatics, among others that exemplify how we are working in a joint environment.

Nowhere is jointness more prominent than in Navy Medicine's research and development partnerships worldwide. Many Navy Medicine researchers and labs work with local ministries of health, academic partners, and international health organizations around the globe to conduct lifesaving research. Navy Medicine has supported several research projects in the areas of psychological health, traumatic brain injury, suicide prevention, trauma medicine, disease surveillance, vaccine development, entomology, and drug testing. Some examples include the [Millennium Cohort Study](#), which is the largest long-term health study in U.S. military history, and the [Navy Drug Testing program](#). The work conducted at the [Navy Entomology Center of Excellence \(NECE\)](#) is a great example of jointness in research and development. NECE has partnered with scientists and public health professionals from the Army and Air Force, as well as the [World Health Organization](#), [U.S. Department of Agriculture](#), and other federal agencies to develop new insecticides, techniques and application technologies to control blood feeding insects that transmit human disease that threaten the warfighter on the battlefield, such as malaria and dengue.

We are also seeing jointness in our education and training. A prime example of this is at the state-of-the-art joint Medical Education and Training Campus (METC) at Fort Sam Houston,

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Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

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Texas where our corpsmen learn alongside Air Force, Army and Coast Guard personnel. The METC offers our enlisted personnel more than 60 medical programs of instruction, and boasts 24,000 annual graduates. We are very proud of the great work that is being done there.

Navy Medicine also has a robust sharing program with the various [Department of Veterans Affairs](#) hospitals and clinics. Resource sharing between Navy Medicine and VA allows for enhanced services to both DOD and VA beneficiaries, while promoting cost-effective use of federal health care resources through less duplication and underuse of resources. We share services in the areas of: cardiology, physical therapy, mental health, OBGYN, surgical services, emergency services and other sub-specialty care. In addition, Navy Medicine and VA maintain clinical research relationships to gain further understanding of deployment-related injuries and illness, PTSD, impact of various military stressors, and overall health status of active duty military, guard/reserves, retirees and other veterans.

Our clinical informatics directorate at BUMED leads the tri-service effort to standardize our Essentris Inpatient Electronic Health Records (EHR). They have been working hard to create and lead content advisory groups to best optimize and improve our inpatient Essentris EHR. Today, there are more than 900 tri-service clinicians and other key players involved in patient care who meet regularly to determine the best way to standardize Essentris inpatient content and workflows in medical treatment facilities (MTF) worldwide. As a result, our EHR now has better clinical decision support and resources, uniform workflows and potentially improves patient outcomes. Another benefit of standardization is decreased training costs. When you move to a new MTF, less orientation and training is needed because workflows are now more similar across all of our MTFs.

As I tell all who ask, we must find the efficiencies and synergies of joint care and processes. Equally important is to always celebrate those Navy traditions and unique mission requirements that will always fall to a maritime portfolio. Our approach will be joint where possible; however, we will continue to excel and invest in those capabilities that are uniquely inherent to Navy Medicine. I have had the honor to command Army and Air Force personnel, I have practiced in the VA hopsital system, and I have seen the passion that the private sector and academic centers bring to our mission — united we will make a difference for the Warrior in combat and the family at our door. We will celebrate our joint accomplishments and cherish our spirited traditions (Go Navy, Beat Army!) One Team...One Fight!

I am very proud of the work you do each day. Thank you for your service and as always, it is my honor and privilege to serve as your surgeon general.

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